

State of Illinois  
Department of Children and Family Services  
**SCHOLARSHIP PROGRAM STUDENT APPLICATION**  
**Youth Must Complete Application**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
(Number) (Street) (Apt. No.)

\_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_-\_\_\_\_\_  
(City) (State) (Zip Code)

DCFS Case ID Number \_\_\_\_\_ Adopted: ☐ Yes: Year \_\_\_\_\_ ☐ No  
(If applicable)

Subsidized Guardianship/KinGap: ☐ Yes: Year \_\_\_\_\_ ☐ No

Is either of your parents a veteran of the US Armed Forces? ☐ Yes ☐ No

DCFS Caseworker (If applicable) \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_-\_\_\_\_

Region \_\_\_\_\_ Field Office \_\_\_\_\_

Private Agency Caseworker (If applicable) \_\_\_\_\_

Phone \_\_\_\_/\_\_\_\_-\_\_\_\_

**APPLICANT CHECKLIST**

**Before mailing please ensure the following MANDATORY ITEMS are included. All documents must be sent in together, do not send as separate pieces or from different sources.**

☐ Scholarship Application (CFS 438); Including Typed Personal Essay

☐ Documentation of legal relationship with the Department

☐ Social Security Number

☐ ACT/SAT Test Score Report

☐ High School Transcript or GED Test Score Report

☐ College Transcript (if attending college)

☐ Three Letters of Reference

It is recommended that the application be typed.

**Applications must be POST MARKED by March 31<sup>st</sup>. ALL ITEMS LISTED ABOVE MUST BE INCLUDED FOR THE PACKET to be eligible for consideration. Mail the complete packet to: DCFS Scholarship Program, 406 E. Monroe, Station #22, Springfield, IL 62701.**

## **ACADEMIC HISTORY**

Graduation date \_\_\_\_\_

Grade point average \_\_\_\_\_ out of \_\_\_\_\_ point system

Class rank \_\_\_\_\_ out of \_\_\_\_\_

Currently attending college? ☐ Yes ☐ No

Have you made application to any school or organization for a scholarship? ☐ Yes ☐ No

If yes, list the name and address of the school(s) and/or organization(s) you have applied to.

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Have you been awarded a scholarship? ☐ Yes ☐ No

If yes, list the name and address of the school or organization that has awarded you the scholarship.

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What is the cash value of the scholarship? \$\_\_\_\_\_

The scholarship will be used for: ☐ Tuition ☐ Fees ☐ Living Expenses

Other (please identify) \_\_\_\_\_

List and explain any employment and/or volunteer experiences you have had.

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If you receive a DCFS scholarship you will be expected to meet expenses not covered by the scholarship. Use the categories listed below to explain your plan for meeting those expenses.

Savings \$ \_\_\_\_\_

Assistance (Parents)

Assistance (Organizations) \_\_\_\_\_

### Summer earnings

Other \_\_\_\_\_

Total \$

List the colleges and/or universities that you have applied to and identify the status of your application:  
(Circle One)

	Accepted	Not Accepted	No Response
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	Accepted	Not Accepted	No Response
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	Accepted	Not Accepted	No Response
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	Accepted	Not Accepted	No Response
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What academic area do you plan to major in (e.g. chemistry, mathematics, English, etc.)?

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List any honors or special recognitions that you have earned or received and explain.

[illegible]

List and explain any high school activities and/or college activities that you have participated in (e.g., clubs, sports, student council, etc.).

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Attach a typed, personal essay explaining why you want to attend college and why you should receive a DCFS scholarship. The essay should emphasize the perseverance to excel, obstacles you have overcome in order to do so, and how you will use this scholarship to its fullest benefit to successfully earn a post secondary degree.

**YOU ARE REQUIRED TO SUBMIT THREE RECOMMENDATIONS WITH YOUR APPLICATION.**

Persons that you should consider asking to write you a letter recommendation include your teachers; counselor and employer. They should be individuals who know you and can write about your personal character and strengths. The letters of recommendation should be addressed to the DCFS Scholarship Committee and provide a brief description of your personal strengths, academic abilities and/or work performance.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Please review the APPLICATION CHECKLIST on page 1 to ensure you are including ALL required documents/information. ALL INFORMATION MUST BE INCLUDED IN ORDER TO BE ELIGIBLE FOR CONSIDERATION.**